

**ACCOUNT FOR MINOR**  
COMMONWEALTH OF VIRGINIA

Court File No. \_\_\_\_\_

Circuit Court of \_\_\_\_\_

Estate of \_\_\_\_\_, a minor

Minor's date of birth: \_\_\_\_\_ Is either parent alive? ☐ Yes ☐ No

Type of Fiduciary: ☐ Guardian ☐ Temporary Guardian

Name of Fiduciary \_\_\_\_\_ Day telephone \_\_\_\_\_

Mailing address \_\_\_\_\_

Name of Co-fiduciary \_\_\_\_\_ Day telephone \_\_\_\_\_

Mailing address \_\_\_\_\_

This is account number ☐ one ☐ two ☐ three or ☐ \_\_\_\_\_ Is this a final account? ☐ yes ☐ no

From \_\_\_\_\_ (date of qualification or end of last account) to \_\_\_\_\_ (end of this account)

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**ACCOUNT SUMMARY**

1. BEGINNING ASSETS (from Parts 1 and 2 or the inventory of from the prior account): \$ \_\_\_\_\_

2a. RECEIPTS FROM SOCIAL SECURITY, SSI, VETERAN'S,  
OR OTHER FEDERAL BENEFITS:

\$ \_\_\_\_\_

2b. ALL OTHER RECEIPTS:

_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total 2b. Receipts \$ \_\_\_\_\_

3. GAINS ON ASSET SALES:

_____	\$ _____
_____	_____

Total Gains \$ \_\_\_\_\_

4. ADJUSTMENTS:

_____	\$ _____
_____	_____

Total Adjustments \$ \_\_\_\_\_

GRAND TOTAL OF 1, 2b, 3 and 4 (must equal GRAND TOTAL of 5-9) \$ \_\_\_\_\_

5. DISBURSEMENTS FOR ADMINISTRATIVE EXPENSES:

..... \$ .....

.....

.....

Total Administrative Expenses \$ .....

6. DISBURSEMENTS FOR CARE OF THE MINOR:

..... \$ .....

.....

.....

Total Care Disbursement \$ .....

7. LOSSES ON ASSET SALES:

..... \$ .....

.....

Total Losses \$ .....

8. DISTRIBUTIONS

..... \$ .....

.....

Total Distributions \$ .....

9. ASSETS ON HAND:

..... \$ .....

.....

.....

Total Assets on Hand \$ .....

GRAND TOTAL (must equal page 1 GRAND TOTAL) \$ .....

I (We) hereby certify that this is a true and accurate accounting of the assets of this guardianship for the period described and, if this is a final account, that to the best of my (our) knowledge all taxes have been paid or provided for.

Date ..... Guardian .....

Date ..... Guardian .....

Date ..... Guardian .....